

967

Lucas W. P.

Work of the Children's Bureau, Department of Civil Affairs, American Red Cross, France

WILLIAM PALMER LUCAS, M.D.
(SAN FRANCISCO)

Professor of Pediatrics, University of California, on leave of absence;
Chief of the Children's Bureau, Department of Civil Affairs,
American Red Cross, France

FRANCE

FEB 26 1918

SURDEEN

Reprinted from The Journal of the American Medical Association
Aug. 3, 1918, Vol. 71, pp. 359-362

COPYRIGHT, 1918
AMERICAN MEDICAL ASSOCIATION
FIVE HUNDRED AND THIRTY-FIVE NORTH DEARBORN STREET
CHICAGO

WORK OF THE CHILDREN'S BUREAU,
DEPARTMENT OF CIVIL AFFAIRS,
AMERICAN RED CROSS,
FRANCE *

WILLIAM PALMER LUCAS, M.D. (SAN FRANCISCO)
Professor of Pediatrics, University of California, on leave of absence;
Chief of the Children's Bureau, Department of Civil Affairs,
American Red Cross, France

FRANCE

The Children's Bureau, American Red Cross, started its activities last July with eleven members. At the present time the bureau comprises more than 400 members, and is doing children's work and also a good deal of medical work for women throughout the whole of France.

Our first assignment was to take charge of the Childrens' Colony and to develop the hospital near Toul. In this army sector all children under 7 had been ordered back for a distance of 10 kilometers from the front, because of the gas bombing, children under 7 being unable to wear gas masks satisfactorily. Dr. Julius P. Sedgwick of Minneapolis was in charge of the early development of this work, and installed a colony of more than 500 mothers and children in the governmental military cantonment turned over to us for this purpose. Dr. Sedgwick also started a hospital for children, which has since been developed under Dr. Maynard Ladd of Boston, who took charge of the work after Dr. Sedgwick was obliged to return to his university duties the first of this year. We now have at Toul a hospital of 200 beds, fifty of them for maternity cases and the remainder for the diseases of children, both medical and surgical. In this department under the patronage of the préfet, M. Mirman, we have developed one or two other smaller hospitals and a chain of dispensaries in the smaller towns, espe-

* Read before the Section on Diseases of Children at the Sixty-Ninth Annual Session of the American Medical Association, Chicago, June, 1918.

cially the manufacturing centers—towns of from 10,000 to 20,000 inhabitants. Here our traveling dispensaries have clinics once or twice a week, a physician, nurse and aide comprising the unit. Throughout the war zone we have developed this type of work, our center being some town or city with a small hospital, with the traveling dispensary covering a radius of from 15 to 20 miles. We have had such work at Chalons and also at Amiens and Nesle. At both of the latter, unfortunately, we had to give up in the first offensive this spring. Our work in the war zone at the present time is all under Dr. Maynard Ladd of Boston, who has charge of the development and operation throughout the whole of that section.

Our second large assignment was the work with the *rapatriés*. These are the inhabitants from the north of France, whose country has been occupied by the Germans since 1914. They are sent back first into Belgium. From there, after a stay of a few weeks to a few months, they are brought through Germany and Switzerland, entering France at Evian, on Lake Geneva. Here, when the convoys are operating, from 1,200 to 1,400 people enter daily. The convoys consist mainly of old people and young children, and mothers with large families—all those that the Germans cannot in any way use in their industrial or agricultural work. At Evian we have had the opportunity of working directly under the French Public Health Service, of which Dr. Paul Armand-Delille is chief. The Children's Bureau of the American Red Cross was given charge of all the children's work at this station. We had first the problem of inspecting all the children who entered—some 500 or 600 daily. Since taking charge we have examined more than 40,000 children, picking out those with contagious diseases for our acute disease hospital of 200 beds, which we operate in one of the modern hotels of this summer watering place. We have also had a daily dispensary, which takes care of those who do not have to enter the hospital, but need medical attention before they are sent on in smaller convoys to various departments in the interior of France. As one can readily imagine, this has been a very important public health station. In our hospital, thanks to the excellent work of our various medical chiefs, and especially to the

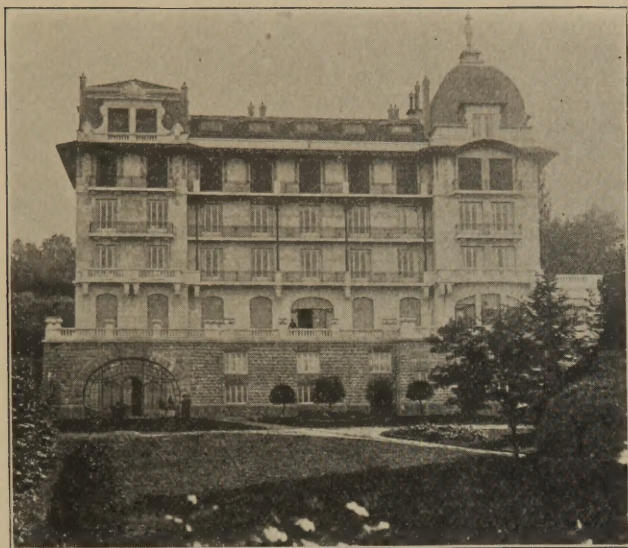


Fig. 1.—American Red Cross contagious disease hospital for children, capacity 200 beds, at Evian, France.



Fig. 2.—Visiting hour at the American Red Cross contagious disease hospital for children, Evian.

fine medical and administrative qualities of Dr. C. F. Gelston, who has had charge of the work for the longest time, as well as to the efficient nursing service which we have been able to build up, we have had less than 2 per cent. cross-infections, proof enough in itself of the careful and scientific management of such a rapidly changing acute disease hospital. In this work we have been operating in very close conjunction with the French organization for repatriated children of Lyons, of which Mme. Gillet-Motte is chairman. Under her, this work has developed into one of the most remarkable and successful "œuvres" for

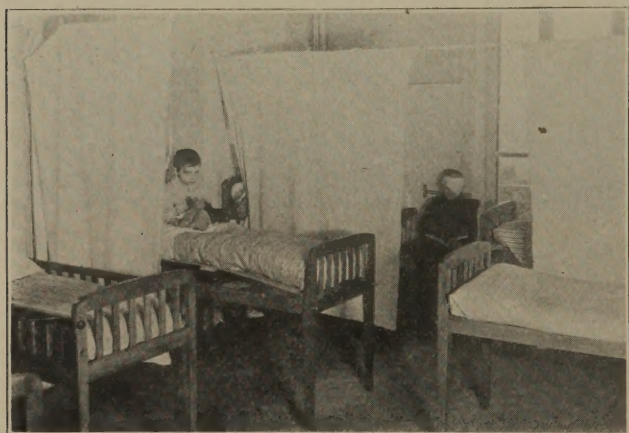


Fig. 3.—Ward in American Red Cross contagious disease hospital for children at Evian, showing cubicle system by sterile curtains.

children in France today. We have just outside of Lyons a large convalescent home of 200 beds for these children, in a château which was given to us for the period of the war expressly for this purpose.

Our third main type of work has been in the larger cities of France as well as in some of the smaller important manufacturing towns, where, on account of the acute congestion in the cities, the medical and social problems have been greatly increased. The medical problem throughout France one can better understand if one realizes that practically all the medical profession of France has been mobilized. Every medical man under 55 is in army service, and most of

the good medical men over 55 in the larger cities are also mobilized for a part of their time in the military hospitals of their own cities. This has created a great need for medical service. In many quarters there is only one French physician to 5,000 inhabitants, and in some of the more sparsely populated centers, I am



Fig. 4.—Grandfather dressed in sterile robe and cap visiting his grandson in the American Red Cross contagious disease hospital for children at Evian.

told by the French authorities that there is only one physician to 20,000 inhabitants. Many small towns of from 5,000 to 6,000 have no physician at all. In Paris, Lyons, Bordeaux, Marseilles, St. Etienne, Evian and other manufacturing towns, we have centers for our work. In most of these we have one or more hospitals and a chain of dispensaries and infant welfare centers, with physician and nurse and aide attached.

It is in conjunction with these centers that we are carrying on our training schools for health visitors for French women. In this field we already have between sixty and seventy American physicians, about 50 per cent. of whom are women, and the work which they are doing it is impossible for me to praise too highly. The consecration and sacrifice which these physicians are making is most commendable, as is the work which our nursing service has given. Our whole nursing service is under the charge of Miss Elizabeth Ash of San Francisco. Under her intelligent supervi-

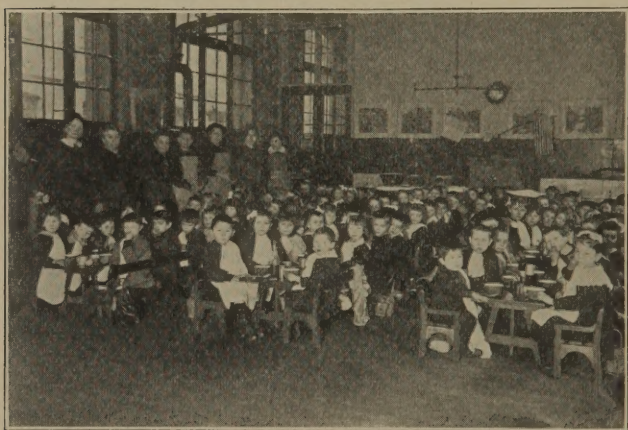


Fig. 5.—Schoolchildren at Paris being supplied with school lunches by American Red Cross.

sion and with her broad point of view we have been able to meet this most difficult situation.

Our main efforts for child welfare have been those dealing with infancy, so that where we did not find any establishment for children in France we have tried to increase the amount of nursing and care given to young infants. This work cannot be overestimated. It is the foundation stone of all child welfare, together with prenatal care, which we have emphasized at all points. But the older child, especially the adolescent child in all countries, has received very little attention, and under present conditions this is almost inevitable. We have been attempting to reach this class as far as possible through our special supplemental lunches in

the schools, which Dr. Knox of Baltimore and Dr. Manning of Seattle have developed in Paris, and which we are extending to other cities as the need arises. Our dispensary system in Paris has been worked out in cooperation with the Rockefeller Commission for Tuberculosis. This work was originally developed with Dr. James Alexander Miller of New York, our Children's Bureau cooperating with the commission in one of the sections of Paris where we have worked out a model system of dispensary follow-up care. We are planning to establish a clearing house for children in Paris, as hundreds of refu-



Fig. 6.—Dinner at Chateau des Halles, American Red Cross convalescent hospital for children near Lyons.

gee children come through from the north of France. The need for this has been felt by many agencies. The size of the problem is almost overwhelming.

Another section of our work is that of assisting French organizations occupied with children. This is really the relief section, and has been developed mainly by Mrs. Hill, who has been working with children (Frontier Children of France) since the war began, and of late by Dr. Reeder, who has evolved a plan for coordinating the child-placing which comes to our bureau with that of all the various French organizations which place children either in homes or in colonies.

The last and perhaps the most important development of our activities is that related to the educational side. This has been developed along the same lines with which we are all familiar in this country. First, we have an educational bureau, by which we have attempted through pamphlets and the press to reach the public. We have publications on prenatal care and the care of the young child, dental hygiene, recreation, etc., and were fortunate enough to secure



Fig 7.—Entrance to child welfare exhibit at Lyons in April, 1918; 1,000 schoolchildren daily attended the exhibit with their teachers.

a number of very good cartoons by the best French artists. This, in conjunction with our traveling and city exhibits for child welfare work, we feel to be one of the most important lines of educational work that we have been able to undertake. The French government, in its Department of Interior, Public Health Service, of which M. Brisac is chief, and in cooperation with the National Association for the Prevention of Infant Mortality, of which Senator Strauss is president, has cooperated very closely with us in the for-



Fig. 8.—Outdoor kindergarten class, American Red Cross child welfare exhibit, Lyons, April, 1918.



Fig. 9.—Indoor kindergarten class, child welfare exhibit, Lyons, April, 1918.

mation of this program, and we are working together on a broad national campaign for the reduction of infant mortality. The problem in France is one not only of reduced infant mortality, but, what is even more serious, a very marked reduction in the birth rate. The infant mortality rate, for instance, for Paris for 1917 was 126, but the birth rate had fallen over 50 per cent. of the normal birth rate, so that the necessity for saving every child's life possible is more than evident. The total infant yearly death rate in France is estimated variously from 80,000 to 100,000

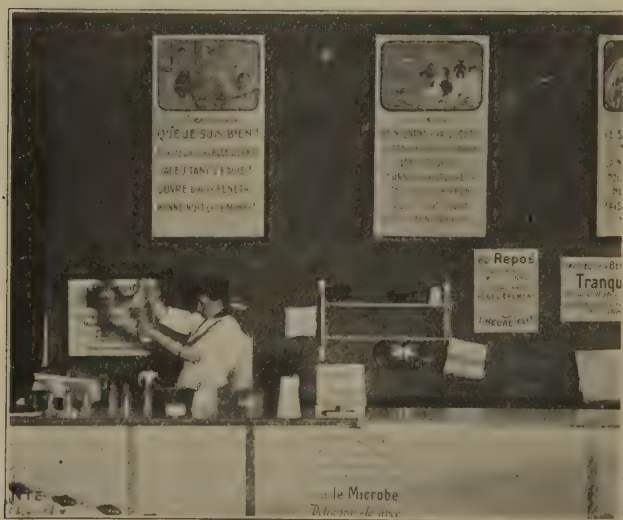


Fig. 10.—Milk demonstration at child welfare exhibit, Lyons, April, 1918.

infants a year. We hope by the creation of infant welfare stations, in which France was the pioneer, the first infant welfare station having been started by Budin in 1891, to affect materially a reduction in infant mortality, especially in conjunction with our schools for health visitors, which are being developed in all the large cities in France. Short courses of from five to ten months are carried on in cooperation with the Rockefeller Foundation. In these schools we are training the French women to carry on the "follow-up" work, both social and medical, in our dispensaries. *

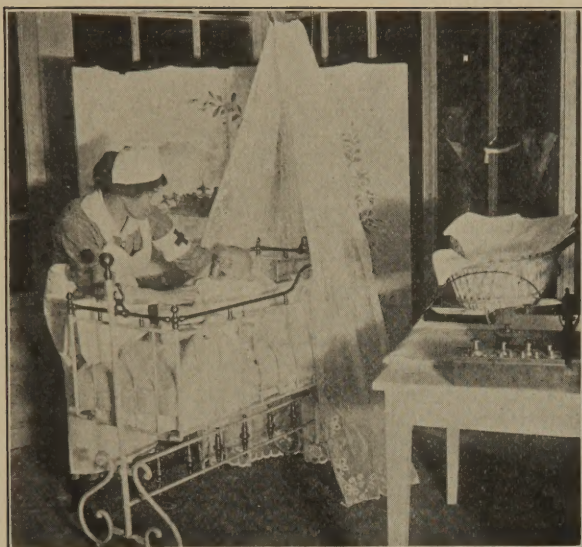


Fig. 11.—Baby washed, dressed and put to sleep in glass house at child welfare exhibit, Lyons, April, 1918.



Fig. 12.—Playground in front of child welfare exhibit of the American Red Cross, Ministry of the Interior, Ligue contre la mortalité infantile, at Lyons in April, 1918.

Lastly, with our traveling exhibits and infant welfare expositions in the large cities, we hope to reach the larger part of the population of France within a very short time. The importance of this cannot be overestimated, and it is very gratifying to see the response which we have received not only from the government, but from all classes of people and all the French organizations interested in child welfare work, wherever we have been privileged to commence this work.

The efforts of the Children's Bureau, then, are already numerous. The type of medical assistance that we need is general rather than special. Perhaps the most lasting result which the Children's Bureau will accomplish will be the "follow-up" work, which will be carried on, we hope, by a large number of trained French health visitors. The child life of a country is the second line of defense. It must be preserved at any cost, and strengthened in every way, if we would keep any nation truly prepared to meet future demands. The conservation of child life is as much a part of this great conflict as the maintenance of armies. It is for the future freedom of the children of today and of tomorrow that our Allied armies struggle at present. The struggle must not be in vain. From such ideals at home the Children's Bureau of the American Red Cross sprang. Toward the consummation of such ideals the Children's Bureau will continue to work.

